

CLAIMS ONLY

Application Number:

101535472

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|--------------|----|--|
| | Indep | Depend | Indep | Depend | Indep | Depend | | | |
| 1 | | | | | | | 51 | | |
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| 50 | | | | | | | 100 | | |
| Total Indep | | | | | | | Total Indep | | |
| Total Depend | | | | | | | Total Depend | 25 | |
| Total Claims | | | | | | | Total Claims | 26 | |